

STATE OF WYOMING)
)) SS IN THE DISTRICT COURT
)) JUDICIAL DISTRICT
 COUNTY OF _____)
 IN THE MA TIER OF THE ADOPTION))
 OF)
)
)
)
)
) CASE # _____
) BIRTH PARENT'S AFFIDAVIT AND
) PETITION TO APPOINT A
) CONFIDENTIAL INTERMEDIARY,
) PURSUANT TO W.S. 1-22-203(b)

_____, being first duly sworn, on oath, petitions and says:

My current address is: _____

My current telephone number is: home _____
 work _____

My birth son/daughter was born on _____ and is 18 years of age or older.

Date of relinquishment:

County of relinquishment: _____ State _____

My name at the time of relinquishment: _____

The adoption was finalized in _____ (County) __ Unknown

The name of my birth son/daughter at time of birth:

Adoptive parents' name, if known:

I know the following about my birth son/daughter: _____

I am seeking my birth son/daughter because: _____

I, therefore, petition this COURT and respectfully request that an order be entered appointing a confidential intermediary, pursuant to W.S. 1-22-203 (b) and that the confidential intermediary be allowed to inspect and copy, at the petitioner's expense, the pertinent adoption files of the court, governmental agencies, adoption agencies and hospitals,

DATED this _____ day of _____

Petitioner's Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____,
 My commission expires:

NOTARY PUBLIC OR DEPUTY CLERK OF COURT